AMENDMENT TRANSMITTAL LETTER						Docket No. HCI-10002/38	
Application No.		Filing Date		Examiner	Examiner		
09/780,177-Conf. #8403		February 9, 2001		H. V. Tran		2611	
pplicant(s): Jam	es Hoobermar	1					
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	Claims	Highest					
	Remaining After	Number Previously	Number Extra Claims	5 4			
Total Claims	Amendment 3	Paid - 10 =	Present 0	Rate x 25.00		0.00	
Independent Claims	1	- 3 =	0	x 105.00		0.00	
Multiple Depend	lent Claims /ch	eck if annlicahl					
	· · · · · · · · · · · · · · · · · · ·		· -				
Other fee (pleas	e specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
Large Entity				x Small Entity	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	
x No additiona	ıl fee is require	d for this ame	ndment.	<u> </u>			
Please char	ge Deposit Acc	ount No.	ii	n the amount of \$			
	copy of this she			_			
A check in th	ne amount of \$		to cover	the filing fee is encl	osed.		
Payment by	credit card. Fo	orm PTO-2038	3 is attached.				
				Deposit Account N	o. <u>07</u>	-1180	
	i below. A dup ny overpaymer		IIIIS SHEEL IS C	alicioseu.			
	•		n proceeina	fees required under 3	17 CED 1 :	IS and 1 17	
X Charge a	any additional ili	ing or application	ni processing i	iees required under s	or GER I.	io aliu 1.17.	
/Avery N. Goldstein, Ph.D./				Dated:	October	1, 2007	
Avery N. Golds Attorney/Agent		204					
GIFFORD, KRA 2701 Troy Cent	ASS, SPRINKL	.E, ANDERSO	N & CITKOW	SKI, P.C.			
Post Office Box Troy, Michigan	7021 48007-7021						
(248) 647-6000							